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ABSTRACT

Fifty-nine students enrolled in Nursing II at the College of San Mateo completed an assessment tool designed to measure students' perceptions of their knowledge, skills, and understanding in terms of specific course objectives. The assessment instrument consisted of 16 objectives in eight subject areas (basic physical, emotional, and socio-cultural needs of people; communication techniques; individual needs in health and illness; pharmacology; dynamics of mental health and illness; treatment and prevention of mental illness; effects of people on each other; and concepts of groups) and in eight skill areas (skills in problem-solving, practicing communication techniques, identifying faulty and adequate communication patterns, assessing and using verbal and non-verbal cues, implementing a flexible approach to people, assisting patients to deal with problems, using patients' strengths, and setting limits on inappropriate behavior). Students were surveyed at the beginning and midpoint of the spring semester. Comparisons revealed a significant increase in students' perceptions of their achieved knowledge, understanding, and skills in communication. A review of related literature introduces the report, and course objectives and the assessment instrument are appended. (DR)

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ED175502

EVALUATING INSTRUCTIONAL EFFECTIVENESS IN THE TEACHING OF COMMUNICATION SKILLS TO ASSOCIATE DEGREE NURSING STUDENTS

by

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College of San Mateo

A PRACTICUM PRESENTED TO NOVA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
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ABSTRACT

This practicum was designed to fulfill the criteria for the Curriculum Development Module. The purpose of this practicum was to evaluate the overall instructional effectiveness in teaching communication skills in the two-year Associate Degreen (ADN) curriculum at College of San Mateo (CSM). This practicum focused on the applicability of communication skills to nursing as a career, and as a life-long competency. The background and significance focused on the following areas: 1) curricula design of the ADN program at CSM; 2) current methods of evaluating the teaching/learning process; 3) criteria for instructional effectiveness; and 4) self-assessment as one method of evaluating instructional effectiveness, as well as a means of promoting a life-centered, competency-based approach to education for competence in nursing as a career, along with social and personal competence.

An assessment tool was designed by the writer utilizing course objectives in the area of communication as the items to be assessed. Students were instructed to rank their perception of their own knowledge, understanding, and skill in communication, based on sixteen objectives from nursing course outlines, on a scale of zero to three. Students were asked to complete the assessment tool at two specific times, on the first day of class, Spring 1977

and at the mid-point of the spring semester. The responses were tabulated to determine the frequency of responses in each rank, to the sixteen items on the assessment tool at midterm, as compared to the first day of the semester. The data were tested utilizing the Chi-Square formula at a .05 level of confidence. The results of the test provided significant evidence to reject the null hypothesis that there would be no difference in the responses of students to the assessment tool at mid-term when compared to responses at the beginning of the semester. The results of the test justified the conclusion that the period of time at which the student completed the assessment tool was related to the frequency of responses in each of the four ranks.

The resultant recommendations included: 1) utilizing the same format as a post-assessment tool for the same group of students at the end of the spring semester 1977; 2) consideration of the use of the format of the assessment tool for adoption as an adjunct method of student evaluation, or as a substitute for the narrative format in current use, on a trial basis, with periodic evaluation and recommendations as indicated; and 3) use of the assessment tool format to present instructor/course expectations which are translated into the evaluation procedure.

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INTRODUCTION

This practicum was designed to fulfill the criteria for the Curriculum Development Module. The nature of the problem addressed herein is one that provides nursing educators and nursing service personnel with a perpetual challenge. Nursing educators continually search for effective evaluative tools and techniques to measure the learner's level of competency. Nursing service directors are faced with the issue of accountability in terms of quality assurance for the consumers of nursing services, (patients). In response to quality assurance and nursing education from a Nursing Service Director's view, Dr. Margaret McClure (1976:367) states:

> Today, however, the call for accountability is being sounded throughout the health care field, and coming under careful scrutiny by a variety of groups representing consumers, third party payers, and an assortment of governmental and voluntary agencies. Hence, we are currently witnessing the development of more systematic and formal programs of assessment, all of which constitute an attempt to offer patients some measure of quality assurance.

State Boards of Registered Nursing require and enforce minimal competency by means of licensing examinations, relicensure, disciplinary and accrediting procedures. The nursing profession however, is obligated to enforce standards of academic competence. Among the assumptions underlying the development of Associate Degree Nursing

Programs since their inception in the mid-1950's, is the premise that education for nursing belongs within the framework of higher education. Within the framework of higher education, there is a renewed focus on the importance of a life-centered, competency-based approach to education. Goldhammer and Taylor (1972:125) emphasize the importance of capacitating students for successful performance of life roles:

> Fully capacitated means that the school shall assist the student to perform all of his roles with the skill, knowledge and understanding necessary for his acquiring the competence necessary to be successful in all of them.

Communication skills are basic to all human beings as a life-centered competency, essential for the performance of life roles with reference to one's self and one's relationship with others. Communication skills relevant to the effective practice of nursing are interwoven throughout nursing curricula from the first course in Fundamentals of Nursing, throughout the Advanced Graduate Seminar. The purpose of this practicum is to evaluate the overall effectiveness of methods utilized for teaching and evaluating student progress in learning communication skills in a two-year Associate Degree Nursing (ADN) curriculum. This practicum focuses on the applicability of communication skills to nursing as a career, and as a life-long competency. As summarily stated in Dr. Max Raines

> Education for today's world is simply not adequate for the majority of people unless that education is life-centered and life-long.

The significance of this practicum to the ADN program at College of San Mateo (CSM) is evident in the philosophies of the nursing program and the college. According to the statement of philosophy of the ADN program at CSM the nursing program provides the learner with opportunities for individual growth and development. According to the philosophy and purposes of the college as printed in College of San Mateo Catalog (1976:24):

> CSM has established its educational philosophy on three fundamental premises: that a free society requires intelligent support, that the individual has worth and dignity, and that a college has obligations both to society and the individual.

In an attempt to explore instructional effectiveness in the teaching of communication skills to ADN students this practicum focuses on "time as the variable and achievement as the constant" in maximizing adherence to the philosophies of the nursing program and the college. Roueche, Herrscher and Baker (1976:4) specify "time as the variable, achievement as the constant" in a competency-based approach to instruction in the Community College.

The justification for this practicum is not based on failure or ineffectiveness of the current method of evaluation of the teaching/learning process with regard to communication skills. The justification for this

practicum is based on exploring an alternative to enhance the evaluation process in terms of effective methods to insure mastery of communication skills as they relate to nursing practice and as a life-long, life-centered competency. When one views the current method of teaching communication skills at CSM within the rational framework of a systems approach to instruction, the only element lacking is the use of a specific means of pre-assessment. Justification of this practicum is therefore based on the premise that the use of a pre assessment tool to be completed by the prospective learner, based on the course objectives may enhance the effectiveness of instruction and subsequent application of communication skills in the following ways:

1) by communicating to the learner instructor expectations.

2) by providing a focus for the teaching of communication skills.

3) by providing a means for assessment of learning that is easily accessible to and understood by the learner.

4) by allowing and encouraging the learner to assess his own capabilities and/or limitations with regard to course expectations utilizing the same objectives by which his learning progress will be evaluated at mid-semester and at the end of the semester by the instructor.

For the purpose of this practicum, the term "course objectives" will be defined as a set of operational guidelines relevant to the purpose of a specific course written in terms of student behaviors which provide the basic building blocks of a course. The course of objectives for Nursing I and Nursing II relevant to communication will be discussed in terms of teacher/learner expectations and translated into an evaluation procedure as one means of determining learner progress. According to Bloom (1973:106):

> "The specification of the objectives and content of instruction is one necessary precondition for informing both teachers and students about the expectations. The translation of the specifications into evaluation procedures helps to define further what it is that the student should be able to do when he has completed the course."

In order to evaluate instructional effectiveness in teaching communication skills to ADN students at CSM, the writer designed an assessment tool. The assessment tool specified expected competencies in communication knowledge, understanding, and skills of students enrolled in the second semester of their first year of the two-year curricula. Students were instructed to rank their assessment of their own knowledge, understanding and/or skill in sixteen areas specific to communication, on a scale of zero to three. The effectiveness of the teaching/learning process related to communication skills was determined by the number of students who demonstrated an increase in

their knowledge, understanding, and use of communication skills on the assessment sheet at mid-term as compared to their responses at the beginning of the semester.

BACKGROUND AND SIGNIFICANCE

The design of the ADN curriculum with reference to the teaching of communication skills is imperative to the evaluation of instructional effectiveness. An exploration of the current methods of evaluation is necessary in order to determine the need for, and value of the method implemented in this practicum. Additionally, a review of literature relevant to a life-centered, competency-based approach to planning, implementing and evaluating curricula design and instructional techniques is imperative as validation for the method of evaluation proposed herein.

Curricula Design

The ADN program at CSM is two years (five semesters) in length. Communication is a major thread interwoven throughout the five semesters. The nursing courses are arranged in sequence, Nursing I through Nursing V. Students who have completed Nursing I have received some theory and practice in basic communication skills. (See Appendix A) Approximately one-third of the theoretical and clinical focus of Nursing II is in the area of communication skills. The remainder of the theoretical and clinical focus is in the area of pediatric and obstetric nursing. (See Appendix B) Nursing III, IV and V focus primarily on medical-surgical nursing, however, effective use of communication skills

is an integral part of the teaching/learning and evaluative process.

Current Methods of Evaluating Teaching/Learning Process

The theory and concurrent clinical practice for each nursing course is designed to meet the course objectives. The objectives as stated in the nursing course outlines, are also used as guidelines for evaluating students' progress in nursing courses. Course outlines are issued to each student at the beginning of each nursing course. The student's knowledge, understanding and skills, relevant to the course objectives, are evaluated twice during each semester, at mid-term and at the end of the semester. Students write a self-evaluation assessing their knowledge, understanding and skills, utilizing the course objectives as guidelines. The clinical instructor also utilizes the course objectives to prepare a written evaluation of her observations of the student's knowledge and use of communication skills. An evaluation conference is held with each student and his clinical instructor at mid-semester and at the end of the semester to discuss the student's progress toward achieving the stated course objectives.

Upon completion of the last sequential nursing course in the ADN program, Nursing V, all previous clinical evaluations are summarized by the student's current

clinical instructor, with the assistance of the teaching team. A summary evaluation form is then completed, one by the student and one by the instructor. During the final clinical evaluation conference, the summary evaluations are compared and discussed and a final summary evaluation is then formulated and completed jointly, by student and instructor. Upon completion, this form is placed in the student's permanent file in the Nursing Department. The student is also given a duplicate copy. Upon request, from potential employing agencies, a copy of the summary evaluation is sent as recommendation of the graduate's performance during his matriculation at CSM.

In Spring 1974, the Nursing II teaching team designed an experimental evaluation worksheet for both student and instructor use in evaluating student attainment of Nursing II course objectives. Students and instructors have found these guidelines beneficial to effective clinical evaluation, however, the clinical instructor must incorporate the student's evaluative comments from the worksheet with her own and transfer these to the standard evaluation form. The design of the standard evaluation form requires a narrative summary of student performance which is usually one to one and one-half pages in length.

The student's knowledge and understanding of the principles of nursing care related to each content area, communication included, is also evaluated periodically by use of written examinations. Students are informed of the grading policy when they first enter the nursing program. Each course outline also includes a statement regarding evaluation. In order to receive a letter grade in theory, students are evaluated on the basis of results of written examinations. The construction and use of teacher-made tests for nursing students is supported by Mary Shields (1965:7) in a publication prepared for the National League For Nursing Test Construction Unit:

> Because of its direct relationship to the objectives of a specific course, a teacher-made test can be used as a partial basis for determining a student's achievement in that course. This is to say that, in conjunction with other evaluative devices such as interviews, student self-evaluation records, nursing care studies, and special assignments, a teacher-made test can be utilized in the determining of student grades.

According to Herrscher (1973:19) in the past few years measurement experts have evolved a variety of approaches of testing practices. Herrscher compares the norm-referenced approach to the criterion-referenced approach for evaluation in his article, "A Systematic Approach To Instruction." Following is a chart illustrating the major characteristics of these two approaches as compared to the current approach to evaluation, by

means of testing, utilized in the ADN program at CSM. This comparison of evaluative approaches indicates that the current approach to testing being utilized in the ADN program at CSM is more comparable to a criterion-referenced approach than a norm-referenced approach.

NORM-REFERENCED APPROACH*	CRITERION-REFERENCED APPROACH*	CURRENT APPROACH ADN PROGRAM CSM
Testing is used to ascertain a student's level of performance in relation to the performance of others.	Testing is used to ascertain a student's performance with respect to an established criterion or performance standard.	According to the policy of the ADN program at CSM, a student must receive a "C" grade or better in nursing courses, and specifically identified nursing related courses to continue in the program. A "C" grade for a nursing course indicates that the student has achieved seventy percent of the total possible points for that nursing course.
The normal curve is a guide in assigning grades, it serves to sort students.	Mastery of objectives is the basis for grading with instruction adapted to individual learning rates.	The Nursing Department has established seventy percent as the minimum requirement for passing in nursing courses. It is computed from the total number of points earned, over the total number of points possible, during a semester. Points are accrued by means of written teacher-made tests.
Aptitude is viewed as the capacity for learning.	Aptitude is viewed as the time required to master objectives.	A nursing student has a sixteen-week semester as the time-line within which to fulfill the minimum requirement for passing each nursing course.
Testing is used to assess individual students.	Testing is used to assess teaching.	Testing is used as a partial basis for determing the student's achievement in a nursing course. Testing is used to determine the theory grade for a nursing course.

* (Herrscher 1973:19)

Criteria For Instructional Effectiveness

The instructional design of the nursing courses, including Nursing II, fulfill the criteria as stated in the nine items related to course content and course objectives in the Instructional Effectiveness Inventory by Herrscher, (1976:2):

1. Students are told why the course content is important.
2. Objectives are stated in writing in student performance terms.
3. Objectives are shared with students before instruction.
4. Objectives are appropriate to the educational level of the students.
5. Objectives are in the domain(s) (cognitive, affective, psychomotor) appropriate for the course.
6. Cognitive objectives at the higher levels of Bloom's Taxonomy are in evidence.
7. The objectives are consistent with each other and with the overall purpose of the course.
8. The source from which the objectives are derived has been considered.
9. The value of the objectives selected for inclusion in the course has been substantiated.

The course content and course objectives also adhere to the five general principles to be considered in selecting learning experiences by Tyler (1964:42-45);

1. The learning experience must give the student opportunity to deal with the kind of content implied by the objective.

2. The learning experiences must be such that the student obtains satisfaction from carrying on the kind of behavior implied by the objectives.

3. The reactions desired in the experience are within the range of possibility for the students involved.

4. There are many particular experiences that can be used to attain the same educational objectives.

5. The same learning experiences will usually bring about several outcomes.

Lastly, the course content and course objectives meet the criteria for effectiveness in terms of the relationship between principles and practice as described by Montag and Gotkin (1966:42) in their essay entitled "Community College Education For Nursing":

> Curricular development in the schools of nursing is dependent on such decisions as the practitioner makes, for it is for the practice of nursing that the students are being prepared. Thus the statements of functions become, or should become curricula guides.

A Life-Centered, Competency-Based Approach to Planning, Implementing and Evaluating Instructional Effectiveness

The evaluation of instructional effectiveness in the teaching of communication skills, based on student self-assessment of progress toward attainment of the stated course objectives, as a life-centered, competency-based focus is included in the following literature review. John Grede (1973:122), writing about the role of Community Colleges in career education, states: "The Community College is an ideal vehicle and model for career

education in the current mode, since it embraces education for job competence, along with social and personal competence." Nursing as a career, and the philosophy of the ADN program at CSM fit well within Bailey's (1973:221) definition of career education:

> Perhaps as useful a definition of career education as any might be an education that pays special attention to personal growth in terms of occupational, avocational, and personal skills friendly to one's progress through life.

In his exploration of broadening the concept of career education, Gordon (1973:88) cites communication skills as the first of five specific educational goals. Mereness (1974:53) states: "Communication theory and skills are basic to all nursing and contribute to the development of all therapeutic relationships."

Knowledge and understanding of communication theory, and use of communication skills are essential to capacitating the learner for his quest toward mastery and competence in his occupation, and, as a life-long process. As conclusively stated by McMurrin (1973:27),

> Education must be a continuing process that both ensures employability and excellence in performing work and brings to the individual the rewards of life that accrue to those whose minds are subject to unending cultivation.

According to Herscher, Roueche and Baker, (1976:4):

> In a competency-based instructional system the competencies expected of students upon exit from the program or course are agreed upon in advance and provide a firm foundation for the next program of instruction or for job performance.

Such is the sequential design of the ADN curriculum at CSM. The foregoing is also congruent with curricula development in schools of nursing in that the statements of expected competencies of the practitioner become or should become curricula guides. Curricula guides are translated into program and course objectives and are accompanied by a variety of learning activities. In order to evaluate the effectiveness of this teaching/learning process, several forms of evaluation are utilized. In nursing programs, methods of evaluation include student self-assessment.

Self-assessment of one's own progress toward attainment of program and/or course objectives cannot be overemphasized. If one cannot assess one's own preparedness at the outset, and periodically along the way, he will have difficulty knowing if, and/or when, he has arrived. Furthermore, if one is to reach one's destination within a specified period of time, he needs to assess his capabilities at the outset, and periodically along the way, as well, in terms of time as a contingency. Within the framework of a life-centered approach however, arriving at the end of a course, at the end of the ADN program, or even at the end of the licensure procedure are only reference points in the life-centered, life-long process of becomming. According to Maslow, (1971:169):

> The goal of education -- the human goal, the humanistic goal, the goal so far as human beings are concerned in a less technical way is helping the person to become the best that he is able to become.

Self-assessment in nursing is a continuous thread which is evident throughout nursing curricula. It begins with one's commitment to nursing as a career, is formalized throughout each sequential nursing course, and promulgated as a life-centered, life-long exercise for practitioners long past graduation and licensure.

PROCEDURES

The population consisted of all students currently enrolled in Nursing II in the ADN program at CSM. These fifty-nine students were asked to complete an assessment tool (see Appendix C) designed by the writer, with input from the ADN faculty at CSM. At the time of this study, there were no pre-test and/or post-test of communication skills utilized in the ADN program. The design of the assessment tool was based on the pre-assessment and post-assessment tool utilized by Dr. Barton Herrscher (see Appendix D), and was supported by the following rationale according to Herrscher (1973:17):

> Pre-assessment of learner capability should come before instruction. Pre-assessment, based on instructional objectives for a particular learning sequence, helps to determine whether a student has the prerequisite background and capabilities to profit from the instruction and/or whether he/she already possesses the skills, attitudes or knowledge specified in the objectives.

Taba (1962:232) addresses diagnosis of achievement as follows:

> One important function of diagnosis is to determine how well students have achieved important educational objectives. The scope of this diagnosis naturally depends on the scope of the objectives. It may include such matters as what concepts and information students have mastered, what patterns of thinking they find easy or difficult, what maturity in attitudes and feelings they possess, which skills they can or cannot use, and what their interests are....Diagnostic data can also be used to locate the causes of weaknesses and strengths in the attainment of students.

In his Instructional Effectiveness Inventory, Herrscher (1976:2) specifies that "A pre-test is used to diagnose student strengths and weaknesses regarding course content." ADN faculty concurred with these views in their agreement to have the assessment tool utilized and evaluated during the spring semester 1977.

The assessment tool was composed of sixteen course objectives relating to communication knowledge, understanding and skills from the Nursing I and Nursing II course outlines (see Appendix A and B). The first eight course objectives included on the assessment tool are related to knowledge and understanding of the principles of communication. In addition to the use of teacher-made tests therefore, the learner was asked to assess his own knowledge and understanding of these principles. The remaining eight course objectives included on the assessment tool are related to the practical application of communication skills. The use of the proposed assessment tool based on course objectives as a pre-assessment technique was presented to the Nursing II teaching team by the writer. Since it is the usual practice to issue copies of the course objectives to students on the first day of each nursing course it was proposed that the course objectives be presented in the format of a pre-assessment tool on the first day of Nursing II, spring 1977. By following

the instructions to rank their knowledge, understanding and skills in the area of communications, students would then be appraised of instructor expectations which would in turn be translated into the evaluation procedure to assess learner progress, and ultimately to determine to what extent the student was able to knowledgeably utilize therapeutic communication skills upon completion of the course.

There was no formal pre-testing of this tool, however students were asked for their comments regarding its use. A summary of student comments is included on pages 26 and 27, these will be incorporated in the design of a revised assessment tool.

Students currently enrolled in Nursing II, Spring 1977, were asked to complete the assessment tool at two specific times; on the first day of class, February 7, and at mid-term March 30, 1977. Students were instructed to rank their assessment of their own knowledge, understanding and skills in communication, on a scale of zero to three. Fifty-nine students completed the pre-assessment. Forty-nine students completed and submitted the mid-term assessment. The purpose of the pre-assessment was to have the student identify his/her strengths, and areas to be strengthened. The purpose of the mid-term assessment was to have the student determine any progress in the areas

previously identified as ones to be strengthened, and to once again identify his strengths. The pre-assessment tool was administered in duplicate. The student kept one copy for his own reference and added his mid-term assessment ranking to it for comparison. One copy of the pre-assessment and mid-term assessment was submitted to the instructor.

Student responses to the assessment tool, at the two specified times, were hand tabulated to determine the number of responses in each rank to each one of the sixteen items on the assessment tool. The number of ranked responses to each item on the assessment tool were recorded on a master response sheet (see Appendix E). Time was identified as the variable, specifically, the eight-week period of time between the pre-assessment and mid-term assessment. A two by four cell contingency table was constructed to illustrate the two periods of time at which the assessment was completed, and the four specific choices of rankings offered. (see Definitions page 23) The data were tested utilizing the Chi-Square formula $\chi^2 = \sum\sum \frac{(o-e)^2}{e}$ at a .05 level of confidence. The purpose of this test was to determine rejection or failure to reject the null hypothesis.

Null Hypothesis (H_o)

There will be no significant difference in the

response of students to the assessment tool at mid-term when compared to responses at the beginning of the semester.

Alternate Hypothesis (H_a)

There will be a significant difference in the responses of students to the assessment tool at mid-term when compared to responses at the beginning of the semester.

Limitations

This study is limited to students currently enrolled in the second semester of the two-year, ADN program at CSM. This study is also limited to the use of self-assessment as only one of several methods of evaluation of student progress toward achieving objectives specific to knowledge, understanding, and use of communication skills. The only variable identified in this study, with regard to self-assessment of progress toward achieving the identified learning objectives, is time.

Basic Assumption. The design of this study is based on the assumption that students' ranking of their own perception of their knowledge, understanding and skill in communication, on the mid-term assessment, will show fewer "zero" responses, and more "one", "two" and "three" responses. (see Definitions below)

Definition of Terms

The four rankings which students were instructed to

use to indicate their perceptions, based on the sixteen nursing course objectives, in the assessment tool were defined as follows:

"0" - No idea what the objective means.

"1" - Minimum amount of knowledge, understanding and/or skill.

"2" - Average amount of knowledge, understanding and/or skill.

"3" - Above average amount of knowledge, understanding and/or skill.

RESULTS

Students' ranking of each of the sixteen items on the pre-assessment tool resulted in the following: Items numbered one, two and ten are objectives from the Nursing I course outline. On the pre-assessment tool most students ranked their knowledge, understanding and skill in these areas as "minimum" to "average". There were no "zero" responses to these items. Of the remaining thirteen objectives which reflect Nursing II course content approximately one third to one-half of the students chose "zero" and "one" ranks.

On the mid-term assessment tool "zero" responses ranged from two percent to six percent for two items, these were items numbered eight and nine. Less than one-half of the students chose rank "one" for the remaining fourteen objectives while most students chose ranks "two" and "three".

The results are presented below in a two by four cell contingency table. The contingency table illustrates the frequency of responses in each rank, (zero, to three), to the sixteen items on the assessment tool, at the beginning of the semester (pre), and at mid-term (mid).

CONTINGENCY TABLE

Frequency Of Responses In Each Rank To The Assessment Tool At The Beginning Of The Semester And At Mid-Term

	RANK 0	RANK 1	RANK 2	RANK 3	
PRE	69	334	433	60	896
MID	4	117	473	189	783
	73	451	906	249	1679

Chi-Square Critical: 6.25

Chi-Square Calculated: 223

Degrees of Freedom: 3

Level of Confidence: .05

Chi-Square Formula:

$$\chi^2 = \sum\sum \frac{(o-e)^2}{e}$$

Since the calculated value of chi-square far exceeds the critical value, there is sufficient data to reject the null hypothesis. The results of this test justify the conclusion that the period of time at which the student completed the assessment tool is related to the frequency of responses in each of the four ranks.

DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

The results of this study clearly indicate that according to student self-assessment, there was an increase in student perception of their knowledge, understanding and skill in communication between the first day of class, February 7, 1977, and the mid-point of the semester, March 30, 1977. Because of the many variables involved in measuring student progress, the foregoing study does not offer conclusive evidence of the effectiveness of instruction, especially since self-assessment is only one of several methods of evaluation. The variety of instructional methods utilized in Nursing II were not evaluated in terms of their individual effectiveness. The use of this self-assessment tool does not, therefore, offer measurable evidence of the effectiveness of individual learning activities. The use of the self-assessment tool, based on course objectives, does however, have implications for evaluating student progress toward attainment of the course objectives. Students' responses to the three course objectives from the preceeding course, (Nursing I) are significant in that they indicate that most students have attained at least a minimum amount of knowledge, understanding and skill upon which to base additional learning activities.

Students were asked for their comments regarding

use of the assessment tool following both assessment periods and at the end of the semester. After the students completed the pre-assessment tool the instructor read each objective and asked for student comments on how they assessed themselves. Students identified the objectives they knew very little about and also indicated those in which they felt they had at least average ability. When students were asked for their comments after the mid-semester assessment, they indicated areas in which they had improved as well as areas requiring further improvement. The writer also referred to the assessment tool during clinical evaluation conferences with sixteen students. The one consistent weakness in the tool which was identified by the students was the lack of guidelines stating the baseline for assessing their own progress. Some students stated that they compared themselves to the public in general, other compared themselves to Registered Nurses, while still others compared themselves to their classmates. The intent was to have students compare their progress with course/instructor expectations according to the behavioral terms included in the design of each objective. This is an obvious area which needs to be clarified should the tool be considered for future use.

The results of this study have implications for use of the self-assessment tool format, as a substitute for

a narrative clinical evaluation format, or as an adjunct method of evaluation, to enhance the variety of evaluative methods already in use. The use of definable terms for self-assessment, when compared to the assessment by the student's instructor, utilizing the same terminology, may give the learner a more specific view of his progress. The format of the assessment tool, also has potential for use to evaluate the learner's cognitive facility with regard to nursing theory, as well as the learner's skill in applying his understanding of theory by means of practical application. The latter includes evaluation of learning based on objectives in the affective and psychomotor domain. Nursing instructors at CSM are faced with the perpetual challenge of assisting students in bridging the gap between theory and practical application. The assessment tool format utilized in this study may be of some value in meeting this challenge.

In the area of diagnosing student strengths and areas to be strengthened, students' ranking of their perceived level of knowledge, understanding and skill, along with their instructors' evaluation, may provide a jointly agreed upon, comprehensive, diagnostic view of each student's individual progress. Since prognosis is often utilized in conjunction with diagnosis, the diagnostic information may be helpful in this regard as well as in assisting students to recognize and maximize their potential. Only

the student could complete the pre-assessment at the beginning of the semester. In so doing, however, he is introduced to the expected competencies related to that specific nursing course. Faculty review of all student responses to the assessment tool may provide valuable input regarding areas of course content which students find easiest or most difficult. Such information may be of value in planning learning activities to maximize student progress toward satisfactory attainment of the course objectives.

In the area of accountability as a practitioner, and the learning and use of communication skills as a life-centered competency-based focus to career education, the following are apparent: 1) Realistic self-assessment of one's nursing knowledge, understanding and skill may minimize the potential threat, as perceived by the new graduate seeking licensure, of meeting minimum standards of competency established by Registered Nursing Boards. 2) The process of self-assessment, directed toward accountability as a practitioner, is a realistic focus based on the development of more systematic and formal programs of assessment which are becoming more and more evident in the evaluation of nursing service by and for the consumer. 3) Self-assessment like communication itself is imperative if one is to strive toward the life-long, life-

centered, humanistic goal of education.

Recommendations

The following recommendations will be made to the ADN faculty at CSM:

1) It is recommended that the assessment tool designed for this practicum be administered to the same groupof students on the last day of the spring semester 1977, and the responses compared to the mid-term and pre-assessment results.
2) It is recommended that the assessment tool presented in this practicum be reviewed, discussed, revised as necessary, and considered for adoption by the ADN faculty for implementation on a trial basis as follows:
   a. An assessment tool should be designed for each nursing course, utilizing a format agreed upon by the nursing faculty, for ranking student knowledge, understanding and skill according to the specific course objectives.
   b. The assessment tool should be administered to students at the first class period of each semester, in duplicate, one copy for the student, and one to be submitted to the instructor.
   c. At the mid-point of the semester, the assessment tool should again be administered. Only

one copy should be necessary which is to be submitted to the instructor. Students should be encouraged to add their own mid-term ranking to their copy of the assessment tool.

d. Each clinical instructor should keep a copy of her students' assessment sheets for use along with her own clinical evaluation notes. The instructor should also complete a copy of the assessment tool format utilizing her own clinical evaluation notes and observations to rank her assessment of student progress. Student strengths and areas to be strengthened should be noted on the assessment sheet at this time.

e. At the end of the semester, steps "c" and "d" above should be repeated.

f. At the mid-term and final clinical evaluation conference, the student and clinical instructor should compare their rankings, notations of strengths and areas to be strengthened, and jointly complete a copy of the evaluation form to be filed in the student's permanent folder in the nursing department.

3) It is further recommended that upon completion of a specific trial period, that the use of the

assessment tool to be evaluated by both students and faculty and further recommendations made.

4) If after faculty discussion and consideration it is not feasible to utilize the assessment tool format, based on course objectives, as a substitute for the narrative clinical evaluation format, it is recommended that the tool be evaluated and considered for use as an adjunct method as follows:

   a. To communicate instructor expectations (course objectives) to the learner.

   b. To communicate to the learner the written guidelines which will be translated in to evaluative terms to measure learner progress.

   c. To emphasize to the learner the importance of self-assessment by providing him with a means by which he can evaluate his own perception of course objectives at the beginning of a nursing course and periodically thereafter.

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Tyler, Ralph. Basic Principles of Curriculum And Instruction. Chicago: The University of Chicago Press. 1950.

APPENDIX A

COLLEGE OF SAN MATEO

HEALTH OCCUPATIONS DIVISION

NURSING I COURSE OUTLINE

FALL 1976

Course Number: Nursing I

Time Distribution:
Lecture - 4 hours
Laboratory - 9 hours
Credit - 7 units
Skills Lab - 3 hours
Credit - 8 units

OVERVIEW

The aim of the course is to provide the student with knowledge and skills basic to the nursing care of patients with subacute and chronic illnesses. The course is designed to lay the foundation for subsequent nursing courses. Principles and practices which serve as guides to the basic nursing care common to all conditions and health needs of the individual are considered.

OBJECTIVES

1. To gain knowledge and understanding of the principles of nursing care as related to:
   A. Maintenance and promotion of health
   B. Basic physical, emotional, socio-cultural needs of people
   C. Teaching-learning process
   D. Communication techniques
   E. Functions of members of the health team and of health agencies
   F. Safety

2. To develop nursing skills to meet physical and emotional needs of patients by:
   A. Utilizing problem-solving based on scientific principles and observation
   B. Practicing communication techniques
   C. Performing selected therapeutic and diagnostic procedures
   D. Using safeguards to protect patient, self and others
   E. Organizing time, materials and motion

3. To demonstrate self-direction in her own personal and career growth by:
   A. Assuming responsibility for own actions
   B. Showing respect for and interest in people
   C. Being punctual
   D. Being well groomed
   E. Becoming aware of opportunities offered by CSM and nursing

METHODS OF TEACHING

Lectures
Discussions
Demonstrations
Supervised clinical practice
Films
Outside class assignments
Skills laboratory

EVALUATION

Evaluation and subsequent grading of student learning in Nursing I are based on student achievement on written tests and papers. The cumulative score in the written work determines the student's letter grade for the course. Clinical performance is evaluated on the basis of safe or unsafe care. Any student who is rated unsatisfactory in clinical practice may not progress to the next clinical experience, regardless of the letter grade earned on written assignments and/or tests.

During the two years, you will be expected to assume increasing responsibility for determining your own learning needs, evaluating your own progress and acting accordingly.

REQUIRED TEXTBOOKS

1. Anderson, Dibble, Mitchell & Ryubergen, Nutrition in Nursing, J. B. Lippincott Co., 1972.

2. Bergerson and Goth, Pharmacology in Nursing, C. V. Mosby Co., 13th ed., 1976.

3. Curren, A., Math For Meds (A Programmed Text), Walcur, Inc., 1973.

4. Dickens, M., Fluid & Electrolyte Balance (A Programmed Text), F. A. Davis, 1974.

5. Kozier-DuGas, Introduction to Patient Care, W. B. Saunders, 2nd ed., 1972.

6. Nursing I Syllabus

7. Shafer, et al, Medical Surgical Nursing, C. V. Mosby Co., 6th ed., 1975.

8. Taber's Cyclopedic Medical Dictionary, F. A. Davis Co., 12th ed.,

APPENDIX B

COLLEGE OF SAN MATEO 37

NURSING DEPARTMENT

Spring 1977

ASSOCIATE DEGREE NURSING PROGRAM

COURSE OUTLINE

Course Number: Nursing II

Course Title: Maternal/Child & Psychiatric Nursing

Time Distribution: Lecture - 4 hours
Laboratory - 12 hours
Credit - 8 units

COURSE DESCRIPTION

This course is designed to develop knowledge and understanding of human behavior and growth and development of the child and family. The focus will be on nursing care related to the adaptations of stress during the growth and development cycle, the maternity cycle and during emotional illness.

OBJECTIVES

I. To gain knowledge and understanding of the principles of nursing care as related to:

- A. The developmental tasks of the family and its influence on members.
- B. Needs of the family during the maternity cycle.
- C. Needs of the family with complicating situations in pregnancy.
- D. Normal growth and development from infancy through adulthood.
- E. Physical and emotional needs of children and adults in health and illness.
- F. Nutritional needs of individuals in health and illness.
- G. Pharmacology in health and illness.
- H. Safety.
- I. Health teaching.
- J. The dynamics of mental health and mental illness.
- K. The treatment and prevention of mental illness.
- L. Dynamic effects people have on each other.
- M. Concepts of groups.

II. To develop increased nursing skills in:

- A. Identifying adequate and faulty communication patterns.
- B. Assessing and utilizing verbal and non-verbal cues in planning, implementing and evaluating nursing care.
- C. Implementing a flexible approach to people.
- D. Assisting the patient to understand and deal with current problems.
- E. Utilizing the patient's strengths.
- F. Learning to set limits on inappropriate or destructive behavior.

III. To demonstrate self-direction in her own personal and career growth as related to:

A. Evaluating and utilizing her own potential.
B. Identifying various roles of nursing in the community.

METHODS OF COURSE PRESENTATION

1. Lecture
2. Discussion and seminar
3. Directed clinical experience
4. Pre and Post conference
5. Field trips
6. Films
7. Written assignments
8. Examinations
9. Sociodramas

EVALUATION

Students will be evaluated on the basis of the results of written examinations to receive a letter grade in theory. Clinical performance is evaluated by observation, written assignments, and discussion of the student's application of knowledge in practice. Satisfactory or unsatisfactory clinical performance is discussed with the student in conference and in written form. Clinical performance evaluation may nullify any theory grade.

TEXTS

Fitzpatrick, Reeder, Mastroianni, Maternity Nursing. Lippincott Co., 13th Ed.
Marlowe, Textbook of Pediatric Nursing. Saunders, 4th Ed.
Mereness, Dorothy and Taylor, Cecelia, Essentials of Psychiatric Nursing. C.V. Mosby Co., 9th Ed.

ASSESSMENT OF KNOWLEDGE, UNDERSTANDING AND SKILLS IN COMMUNICATION

INSTRUCTIONS: Indicate on the line to the left of each item your assessment of your knowledge and understanding of each of the following, on a scale of 0-3.
0=No idea what it means
1=minimum amount of knowledge and understanding
2=average amount of knowledge and understanding
3=above average amount of knowledge and understanding

___1. Basic physical, emotional, socio-cultural needs of people.

___2. Communication techniques

___3. Physical and emotional needs of children and adults in health and illness.

___4. Pharmacology in health and illness

___5. The dynamics of mental health and mental illness

___6. The treatment and prevention of mental illness

___7. Dynamic effects people have on each other

___8. Concepts of groups

INSTRUCTIONS: Utilizing the same procedure as above, indicate your assessment of your skill in the following areas on a scale of 0-3.

0=no skill
1=minimum amount of skill
2=average amount of skill
3=above average skill

___9. Utilizing problem-solving based on scientific principles and observation.

___10. Practicing communicatinn techniques

___11. Identifying adequate and faulty communucation patterns

___12. Assessing and utilizing verbal and non-verbal cues in planning, implementing and evaluating nursing care

___13. Implementing a flexible approach to people

___14. Assisting the patient to understand and deal with current problems

___15. Utilizing the patient's strengths

___16. Learning to set limits on inappropriate or destructive behavior.

APPENDIX D

Goals: The Student will have an awareness of, cognitive facility with, and a willingness to incorporate into, his/her educational practice, concepts, related to the following:

_____1. Benjamin Bloom's "Learning for Mastery" concepts.

_____2. A set of criteria for determining instructional effectiveness.

_____3. A Systematic approach to instruction and its advantages and/or disadvantages over the more traditional approach to instruction.

_____4. Various patterns of adapting to individual student differences, and the pattern which fits your philosophical approach to instruction.

_____5. Teaching and counseling strategies designed to produce improved student self-concept.

_____6. The differences between and general purposes of norm-referenced and criterion-referenced testing and grading.

_____7. Learning style mapping and instructional media selection.

_____8. Competency-based curriculum and instruction.

_____9. The "Tyler Rationale" of curriculum decision making and other curriculum validation strategies.

____10. Faculty development strategies.

____11. Definition of accountability as it pertains to education, and an outline of instructional accountability indicating who is accountable, to whom and for what.

____12. The self-fulfilling prophesy concept as it relates to teacher expectation of student achievement.

____13. Educational change and organization development concepts as they relate to curriculum and instruction.

Dr. Herrscher asked participants to rank their knowledge of the above course objectives as follows:

Key: 0 -- At a complete loss for words.

1 -- Able to write on topic, but would lack confidence.

2 -- Would feel fairly secure in handling the topic.

3 -- Able to handle the topic with great confidence.

APPENDIX E

MASTER SHEET FOR COMPARISON OR RESPONSES TO ASSESSMENT SHEET

Frequency of responses to each item according to period assessed and rank.

NUMBER OF RESPONDENTS:		59				49			
ITEM NO.		PRE-ASSESSMENT				MID-TERM ASSESSMENT			
	RANK	0	1	2	3	0	1	2	3
1.		-	6	45	8	-	3	27	18
2.		-	18	37	4	-	4	32	13
3.		-	15	40	4	-	-	31	18
4.		1	39	16	3	-	17	27	5
5.		14	32	12	1	-	7	35	7
6.		10	39	8	2	-	12	30	7
7.		8	25	22	4	-	1	30	18
8.		6	16	30	7	3	10	33	10
9.		3	24	29	3	1	12	26	10
10.		-	26	30	3	-	5	29	15
11.		4	21	26	8	-	6	27	16
12.		2	31	22	4	-	5	32	12
13.		3	11	35	10	-	2	25	22
14.		4	21	32	2	-	10	29	10
15.		6	27	21	5	-	12	27	10
16.		8	23	28	-	-	11	33	5
TOTALS:		69	374	433	60	4	117	473	189

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